


U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF Richard J. Gacho, Sr.	COURT CASE NUMBER 07C6378
DEFENDANT Supt. Andrews, et al.	TYPE OF PROCESS S/C
SERVE  NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Correctional Officer Collazo, Division 10 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) AT Cook County Jail, C/O Rhonna, Legal Dept. 2700 S. California Ave. 2nd. Flr. Div. 5	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Richard J. Gacho, Sr., #2005-0056206
Cook County Jail
P.O. Box 089002
Chicago, IL 60608

Number of process to be served with this Form - 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Chicago, IL 60608

FILED
DEC 13 2007
DEC 13 2007
MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

11-28-07**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 4 of 4	District of Origin No. 24	District to Serve No. 24	Signature of Authorized USMS Deputy or Clerk	TD	Date 11-28-07
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I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Officer Rhonna Fernandez

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service 12/10/07	Time 2:30	am
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Signature of U.S. Marshal or Deputy



Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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One Service Fee charged same case + location**REMARKS: See process sheet # 1 for charges.**